



Please return to pro@dc.gov or fax to 202-654-6071

Private/Religious Schools

Child Find Referral Form

Student Name		Date of Birth	
Parent/Guardian		Relationship to Student	
Phone (Home)		Phone (Cell or Work)	
Address		Parent/Guardian's Primary Language	
Guardian's Email		Student's Primary Language	
Name of Private/Religious School		Student's Grade	
Name of Referrer		Referrer's Phone	
Referrer's Organization		Today's Date	
Referrer's Email			

Reason For Referral:

Check major area(s) of concern.

_____Communication

_____Hearing

____ Vision

Social/emotional

____ Cognitive Impairment

____Developmental Delay

_____Attention Problems

Other (specify) _____

____Physical

____ Academic

_____Health Issues

Describe the reason for referral:

Parent/Guardian consent to release information to DC Public Schools

I, _____ give permission for _____ to share my

Parent's/Guardian's Printed Name Referrer's Name

child _____'s information with DC Public Schools. This will be used to initiate the referral process for special education services. I also give permission for DCPS to conduct classroom observations and collect data on my child in his/her current educational setting.

Parent/Guardian Signature: _____ Date: _____